| Fill in this information to identify your case: | | |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF OREGON, PORTLAND DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|-------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Carole | |
| | your government-issued picture identification (for | First name | First name |
| | example, your driver's | В | |
| | license or passport). | Middle name | Middle name |
| | Bring your picture | Rempfer | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8067 | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) | | |
| | | EINS | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 2419 NE Wasco St Portland, OR 97232-1736 Number, Street, City, State & ZIP Code Multnomah | Number, Street, City, State & ZIP Code | | |
| | | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

| Deb | otor 1 Rempfer, Carole E | 3 | | | Case number (if known) | | |
|-----|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | | | | | | | |
| Par | t 2: Tell the Court About Y | our Bankr | uptcy Ca | se | | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to me under | ■ Chapt | er 7 | | | | |
| | | ☐ Chapt | er 11 | | | | |
| | | ☐ Chapt | er 12 | | | | |
| | | ☐ Chapt | er 13 | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | abo | ut how yo | u may pay. Typically, if you are payii ey is submitting your payment on you | ng the fee yourself, you may | k's office in your local court for more details pay with cash, cashier's check, or money order pay with a credit card or check with a | |
| | | | | | oose this option, sign and at | tach the Application for Individuals to Pay The | |
| | | | • | Installments (Official Form 103A). | upot this option only if you or | o filing for Chapter 7. By law, a judge may but in | |
| | | not you | required t r family si | o, waive your fee, and may do so on | ly if your income is less than in installments). If you choo | e filing for Chapter 7. By law, a judge may, but is a 150% of the official poverty line that applies to use this option, you must fill out the <i>Application</i> by your petition. | |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the last | ■ No. | | | | | |
| | 8 years? | ☐ Yes. | | | | | |
| | | | District | WI | nen | Case number | |
| | | | District | WI | nen | Case number | |
| | | | District | WI | nen | Case number | |
| 10. | Are any bankruptcy cases pending or being filed by | ■ No | | | | | |
| | a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | WI | nen | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | WI | nen | Case number, if known | |
| 11. | Do you rent your | □ No. | Go to I | ine 12. | | | |
| | residence? | Yes. | Has yo | our landlord obtained an eviction judg | gment against you and do yo | ou want to stay in your residence? | |
| | | - 165. | = | No. Go to line 12. | | • • | |
| | | | | Yes. Fill out <i>Initial Statement About</i> bankruptcy petition. | nt an Eviction Judgment Aga | ainst You (Form 101A) and file it with this | |

| Deb | otor 1 Rempfer, Carole E | 3 | | | Case number (if known) | | |
|-----|-----------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|--|--|
| | | | | | | | |
| Par | t 3: Report About Any Bus | sinesses \ | ou Own | as a Sole Propriet | or | | |
| | | | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | siness | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, Sta | te & ZIP Code | | |
| | separate sheet and attach it to this petition. | | Checi | k the appropriate bo | x to describe your business: | | |
| | | | | | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | • | r (as defined in 11 U.S.C. § 101(6)) | | |
| | | | _ | None of the above | | | |
| | | | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropried deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am r | ot filing under Cha | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | - | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | Have Anv | Hazardo | us Property or Any | / Property That Needs Immediate Attention | | |
| | Do you own or have any | ■ No. | | ,, | , , | | |
| | property that poses or is | | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to public health or | ☐ Yes. | What is | he hazard? | | | |
| | safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, | | Where is | the property? | | | |
| | or a building that needs urgent repairs? | | | | | | |
| | urgent repairs: | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Lam not required to receive a briefing about

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Part | 6: Answer These Question | ons for Rep | orting Purposes | | | | |
|------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|--|--|
| 16. | What kind of debts do you have? | i | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily b | usiness debts? Business debts are debts the or through the operation of the business or in | | | |
| | | | □ No. Go to line 16c. | | | | |
| | | ļ | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you ov | we that are not consumer debts or business of | debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | am not filing under Chapter | r 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | | | Do you estimate that after any exempt property ole to distribute to unsecured creditors? | y is excluded and administrative expenses are | | |
| | administrative expenses are paid that funds will be | İ | No | | | | |
| | available for distribution to unsecured creditors? | ı | □Yes | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | □ 25,001-50,000 | | |
| | you estimate that you owe? | □ 50-99 | | □ 5001-10,000 | 5 0,001-100,000 | | |
| | owe: | ☐ 100-199 ☐ 200-999 | | □ 10,001-25,000 | ☐ More than100,000 | | |
| 19. | How much do you | \$0 - \$50 | 0,000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | | - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | 01 - \$500,000 01 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$50 | | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 1 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | |
| | | | 01 - \$500,000 01 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| Part | 7: Sign Below | | | | | | |
| For | you | I have exan | nined this petition, and I decl | are under penalty of perjury that the information | on provided is true and correct. | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | case can re | | , or imprisonment for up to 20 years, or both. | | | |
| | | Carole B Signature | Rempfer of Debtor 1 | Signature of Debto | r 2 | | |
| | | Executed of | December 22, 2016 MM / DD / YYYY | | I/DD/YYYY | | |

| Debtor 1 Rempfer, Carole | В | Case number (if known) | | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|--|--|
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petition, decl Chapter 7, 11, 12, or 13 of title 11, United States Code, ar person is eligible. I also certify that I have delivered to the | nd have explained | the relief available under each chapter for which the | | |
| If you are not represented by an attorney, you do not need to file this page. | which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules fil petition is incorrect. | | | | |
| . • | /s/ Christopher Kane | Date | December 22, 2016 | | |
| | Signature of Attorney for Debtor | _ | MM / DD / YYYY | | |
| | Christopher Kane | | | | |
| | Printed name | | | | |
| | Christopher J. Kane, PC | | | | |
| | Firm name | | | | |
| | 2207 NE Broadway St Ste 100 | | | | |
| | Portland, OR 97232-1693 | | | | |
| | Number, Street, City, State & ZIP Code | | | | |

Email address

chris@ckanelaw.com

Contact phone **(503) 380-7822**

950863 Bar number & State Certificate Number: 17082-OR-CC-028498428



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>December 15, 2016</u>, at <u>3:27</u> o'clock <u>PM MST</u>, <u>CAROLE REMPFER</u> received from <u>Summit Financial Education</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>District of Oregon</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 15, 2016

By: /s/Orsolya K Lazar

Name: Orsolya K Lazar

Title:

Executive Director

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

United States Bankruptcy Court District of Oregon, Portland Division

| In re | Rempfer, Carole B | | Case No. | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------|--------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMP | PENSATION OF ATTO | ORNEY FOR D | EBTOR |
| C | arsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 impensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptc | y, or agreed to be paid | d to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 1,165.00 |
| | Prior to the filing of this statement I have received | d | \$ | 1,165.00 |
| | Balance Due | | \$ | 0.00 |
| 2. T | ne source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | ne source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. I | I have not agreed to share the above-disclosed confirm. | npensation with any other perso | n unless they are men | nbers and associates of my law |
| [| I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | |
| 5. I | return for the above-disclosed fee, I have agreed to | render legal service for all aspe | cts of the bankruptcy | case, including: |
| b c. | Analysis of the debtor's financial situation, and renepreparation and filing of any petition, schedules, st Representation of the debtor at the meeting of cred [Other provisions as needed] | atement of affairs and plan which | ch may be required; | |
| 6. B | y agreement with the debtor(s), the above-disclosed | fee does not include the following | ng service: | |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of ankruptcy proceeding. | any agreement or arrangement f | or payment to me for | representation of the debtor(s) in |
| De | cember 22, 2016 | /s/ Christopher k | Kane | |
| Da | te | Christopher Kan Signature of Attorn | | |
| | | Christopher J. K | | |
| | | 2207 NE Broadw | av St Ste 100 | |
| | | Portland, OR 972 | 232-1693 | |
| | | (===) ====== | | • |
| | | (503) 380-7822 chris@ckanelaw | Fax: (503) 548-402 | 6 |

| | | ation to identify your case: | | |
|--------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|
| Del | btor 1 | Carole B Rempfer First Name Middle Name Last Name | | |
| Del | btor 2 | THE TAIL OF THE TA | | |
| (Spc | ouse if, filing) | First Name Middle Name Last Name | | |
| Uni | ited States Ban | kruptcy Court for the: DISTRICT OF OREGON, PORTLAND DIVISION | | |
| Cas | se number | | | |
| (if kr | nown) | | | Check if this is an amended filing |
| | | | | |
| Of | ficial For | m 106Sum | | |
| Su | mmary of | Your Assets and Liabilities and Certain Statistical Informatio | n | 12/15 |
| info | rmation. Fill o | d accurate as possible. If two married people are filing together, both are equally responsible at all of your schedules first; then complete the information on this form. If you are filing amens, you must fill out a new Summary and check the box at the top of this page. | | |
| Par | t 1: Summa | rize Your Assets | | |
| | | | | our assets alue of what you own |
| 1. | Schedule A/I 1a. Copy line | 3: Property (Official Form 106A/B) 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line | 62, Total personal property, from Schedule A/B | \$ | 78,461.00 |
| | 1c. Copy line | 63, Total of all property on Schedule A/B | \$ | 78,461.00 |
| Par | rt 2: Summa | rize Your Liabilities | | |
| | | | | our liabilities mount you owe |
| 2. | | Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | | : Creditors Who Have Unsecured Claims (Official Form 106E/F) total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F | \$ | 0.00 |
| | 3b. Copy the | total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F | \$ | 309,760.00 |
| | | Your total liabilit | ies \$ | 309,760.00 |
| Par | rt 3: Summa | rize Your Income and Expenses | | |
| 4. | | /our Income(Official Form 106I) mbined monthly income from line 12 oschedule I | \$ | 4,227.56 |
| 5. | | Your Expenses (Official Form 106J) onthly expenses from line 22c of Schedule J | \$ | 4,166.00 |
| Par | rt 4: Answer | These Questions for Administrative and Statistical Records | | |
| 6. | | g for bankruptcy under Chapters 7, 11, or 13? have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other so | chedules. |
| 7. | Yes | debt do you have? | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules. Summary of Your Assets and Liabilities and Certain Statistical Information page 1 of 2

Official Form 106Sum

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,489.07

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | claim |
|------------------------------------------------------------------------------------------------------------------------------|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 13,794.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 13,794.00 |

| Fill in this infor | mation to identify your ca | se: | | |
|----------------------------|--------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Debtor 1 | | | | |
| Deptor | Carole B Rempfer First Name | Middle Name | Last Name | |
| Debtor 2 | E N | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF OREC | GON, PORTLAND DIVISION | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | amended ming |
| O(() -: -1 F- | 100 | | | |
| Official Fo | | | | _ |
| Stateme | nt of Intention | n for Indivi | duals Filing Under Chapt | er 7 12/15 |
| 16 | inidual filiaa uu daa abaas | 7 | at this forms if | |
| | ividual filing under chapt e claims secured by your | | it this form ir: | |
| _ | sed personal property and | | expired. | |
| You must file thi | is form with the court with | nin 30 days after yoυ | file your bankruptcy petition or by the date set | |
| whiche the for | • | court extends the tir | me for cause. You must also send copies to the | creditors and lessors you list on |
| | | totak b . db | | |
| • | eople are filing together in the the form. | i a joint case, both a | re equally responsible for supplying correct info | ormation. Both deptors must sign |
| Re as complete : | and accurate as nossible | If more space is ne | eded, attach a separate sheet to this form. On th | e ton of any additional names |
| | our name and case numb | | eded, attach a separate sheet to this form. On the | e top of any additional pages, |
| Part 1: List Y | our Creditors Who Have | Secured Claims | | |
| | | | anditors Who House Claims Command by Proposity | (Official Forms 40CD) fill in the |
| information be | • | 1 of Schedule D: Cr | editors Who Have Claims Secured by Property (| Official Form 106D), fill in the |
| Identify the cr | reditor and the property that | | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | secures a dest: | as exempt on ochedule of |
| Creditor's | | | Surrender the property. | □ No |
| name: | | | Retain the property and redeem it.Retain the property and enter into a <i>Reaffirmation</i> | 」 □ Yes |
| Description of | † | | Agreement. | _ : 55 |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt: | | _ | | <u> </u> |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | |
| December of | • | | ☐ Retain the property and enter into a Reaffirmation | Yes |
| Description of property | | | Agreement. | |
| securing debt: | : | | Retain the property and [explain]: | |
| | | | | _ |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | Yes |
| Description of | f | | Retain the property and enter into a Reaffirmation Agreement. | 100 |
| property | | | Retain the property and [explain]: | |

Creditor's

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

page 1

☐ No

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| Deb | otor 1 Rempfei | r, Carole B | Case number (if known) | |
|--------------|---------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------|
| n | name: | | ☐ Retain the property and redeem it. | ☐ Yes |
| | Description of | | ☐ Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | property | | Retain the property and [explain]: | |
| | securing debt: | | — Retain the property and [explain]. | _ |
| For the i | any unexpired pe information below | v. Do not list real estate leases. Unex | in Schedule G: Executory Contracts and Unexpired pired leases are leases that are still in effect; the lease | |
| may | assume an unex | pired personal property lease if the t | rustee does not assume it. 11 U.S.C. § 365(p)(2). | |
| Des | scribe your unexp | pired personal property leases | | Will the lease be assumed? |
| Les | sor's name: | Toyota Financial Services | | □ No |
| | | | | Yes |
| | scription of leased perty: | Lease on 2016 Toyota Prius | | |
| Par | t 3: Sign Below | V | | |
| | | ury, I declare that I have indicated meet to an unexpired lease. | y intention about any property of my estate that secu | ures a debt and any personal |
| X | /s/ Carole B R | Rempfer | X | |
| | Carole B Rem | • | Signature of Debtor 2 | |
| | Signature of Deb | otor 1 | | |
| | Date Dece | mber 22, 2016 | Date | |

Statement of Intention for Individuals Filing Under Chapter 7

| | | | | _ | |
|--------------------------------|---------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------|
| Fill in this inforn | nation to identify your | case and this filing: | | | |
| Debtor 1 | Carole B Rempf First Name | Middle Name | Last Name | | |
| Debtor 2 | i list Name | Middle Name | Lastivanie | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF OREGON, | , PORTLAND DIVISION | | |
| Case number | | | | | Check if this is an |
| _ | | | | | amended filing |
| | | | | | |
| Official Fo | rm 106A/B | | | | |
| Schedul | e A/B: Pro | perty | | | 12/15 |
| | | | nce. If an asset fits in more than one category, | list the asset in the c | |
| | e space is needed, attach | | d people are filing together, both are equally res n. On the top of any additional pages, write you | | |
| Part 1: Describe | Each Residence, Buildin | g, Land, or Other Real Estate | You Own or Have an Interest In | | |
| 1. Do you own or h | ave any legal or equitab | le interest in any residence, b | uilding, land, or similar property? | | |
| ■ No. Go to Par | | | | | |
| ■ No. Go to Par Yes. Where is | | | | | |
| Tes. Where is | s the property? | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| | | | cles, whether they are registered or not? I G: Executory Contracts and Unexpired Least | | you own that |
| 3. Cars, vans, tru | ucks, tractors, sport u | tility vehicles, motorcycles | S | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| Examples: Boat | | | al vehicles, other vehicles, and accessories snowmobiles, motorcycle accessories | s | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| | | | tries from Part 2, including any entries for | pages | \$0.00 |
| .you nave atta | iched for Part 2. Write | that number nere | => | | _ |
| Part 3: Describe | Your Personal and Hous | sehold Items | | | |
| Do you own or h | ave any legal or equit | able interest in any of the | following items? | port Do n | rent value of the ion you own? not deduct secured ns or exemptions. |
| | ods and furnishings | , linens, china, kitchenware | | | |
| □ No | joi appliances, rumiture | , iliteris, criiria, kitcheriware | | | |
| Yes. Descr | | | | | |
| | Househo | old Goods and Furnishi | ing | <u> </u> | \$500.00 |
| | | | | | |
| 7. Electronics Examples: Tel | evisions and radios: auc | dio, video, stereo, and digital | equipment; computers, printers, scanners; mu | usic collections: elec | tronic devices |
| inc | | neras, media players, games | • • • • • • • • • • • • • • • • • • • • | | |
| ■ No □ Yes. Descr | ibo | | | | |
| ☐ res. Descr | IDE | | | | |

Official Form 106A/B Schedule A/B: Property page 1

| D | ebtor 1 | Rempfer | , Carole B | | | Case number (if known) | |
|----|-----------------------------------------|------------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 8. | Example — | | | | r artwork; books, pictures, | or other art objects; stamp, coin, or | baseball card collections; other |
| | ■ No □ Yes. | Describe | | | | | |
| 9. | Example No | | nts | | equipment; bicycles, pool | tables, golf clubs, skis; canoes and | kayaks; carpentry tools; musical |
| 10 | ■ No | | | , ammunition, and rela | ted equipment | | |
| 11 | ■ No | | • | leather coats, designer | wear, shoes, accessories | | |
| 12 | □ No · | | | me jewelry, engagemen | t rings, wedding rings, hei | rloom jewelry, watches, gems, gold, | silver |
| | _ 100. | Describe | Jewelry | / | | | \$50.00 |
| 14 | Examp ■ No □ Yes. Any otl ■ No □ Yes. | Describe her persona Give specific | Il and househo | ld items you did not a | | y health aids you did not list or pages you have attached for | |
| 1 | | | - | | , including any entries f | or pages you nave attached for | \$550.00 |
| | | | inancial Assets ny legal or equ | uitable interest in any | of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | ■ No | | | wallet, in your home, in | | n hand when you file your petition | |
| 17 | | | ig, savings, or o | | certificates of deposit; shand the same institution, list | ares in credit unions, brokerage hou each. | ses, and other similar |
| | _ | | | | Institution name: | | |
| | | | 17.1. | Checking Account | Bank of America | | \$1,192.00 |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor ' | Rempfer, | Carole B | | Case number (if known) | |
|--------------------|-------------------------------------------|----------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|
| | | 47.0 | Savings Account | Bank of America | \$126.00 |
| | | 17.2. | Savings Account | Bank of America | ψ120.00 |
| | | 17.3. | Savings Account | OnPoint | \$3,722.00 |
| Exa ■ No | <i>mples:</i> Bond fund | | ly traded stocks nt accounts with brokerag Institution or issuer name | e firms, money market accounts | |
| 19. Non- | -publicly traded t venture | stock and | nterests in incorporated | d and unincorporated businesses, including an interest in ar | LLC, partnership, and |
| ■ No | | | about them | % of ownership: | |
| Neg Nor | gotiable instrumer n-negotiable instru | nts include p | ersonal checks, cashiers' | e and non-negotiable instruments checks, promissory notes, and money orders. o someone by signing or delivering them. | |
| ■ No | o es. Give specific i | _ | bout them uer name: | | |
| | • | | |), thrift savings accounts, or other pension or profit-sharing plans | S |
| ■ Ye | es. List each acco | • | - | | |
| | | | of account: sion Plan | Institution name: Pers Oregon Public Empoyees Retimement System | \$69,728.00 |
| | | IRA | | T. Rowe Price | \$3,143.00 |
| You Exa ■ No | <i>mples:</i> Agreemer | sed deposits | you have made so that yo | ou may continue service or use from a company utilities (electric, gas, water), telecommunications companies, or o | others |
| 23. Ann | • | t for a period | ic payment of money to yo | ou, either for life or for a number of years) | |
| | es | Issuer nam | ne and description. | | |
| | .S.C. §§ 530(b)(1 | | | ed ABLE program, or under a qualified state tuition program | |
| ☐ Ye | es | Institution r | name and description. Sep | parately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. Trus | • | future inter | ests in property (other t | than anything listed in line 1), and rights or powers exercisa | ble for your benefit |
| □ Ye | es. Give specific | information | about them | | |
| | <i>mpl</i> es: Internet d | | s, trade secrets, and oth s, websites, proceeds fror | ner intellectual property In royalties and licensing agreements | |
| | es. Give specific | information | about them | | |
| | <i>mples:</i> Building p | | general intangibles usive licenses, cooperative | e association holdings, liquor licenses, professional licenses | |
| | es. Give specific form 106A/B | information | | chedule A/B: Property | page 3 |

Case 16-34779-pcm7 Doc 1 Filed 12/22/16

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| D | ebtor 1 | Rempfer, Care | ole B | | Case | e number (if known) | |
|-----|--------------------|---------------------------------------|---------------------------------------------------|-----------------------------------------------------------|---------------------------------|---------------------------|-----------------------------------------------------------------------------------|
| M | oney or p | property owed to | you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | ■ No | unds owed to you | | cluding whether you already | filed the returns and the ta | x years | |
| 29. | ■ No | | | ousal support, child suppo | t, maintenance, divorce se | ettlement, property sett | lement |
| 30. | Examp ■ No | | disability insurance you made to someo | payments, disability benefit ne else | s, sick pay, vacation pay, w | orkers' compensation, | Social Security benefits; |
| 31. | Examp ■ No | | ty, or life insurance; | health savings account (HS | A); credit, homeowner's, or | renter's insurance | |
| | ☐ Yes. I | Name the insurance | e company of each p Company name | oolicy and list its value. :: | Beneficiary: | | Surrender or refund value: |
| 32. | If you a died. No | | of a living trust, expec | m someone who has died ct proceeds from a life insur | ance policy, or are currently | rentitled to receive prop | perty because someone has |
| 33. | Examp ■ No | les: Accidents, em | ployment disputes, | t you have filed a lawsuit insurance claims, or rights | | yment | |
| 34. | | Describe each cla ontingent and un | | of every nature, including | counterclaims of the deb | tor and rights to set | off claims |
| | ■ No □ Yes. | Describe each cla | im | | | | |
| 35. | ■ No | ancial assets you | did not already lis | t | | | |
| 36 | | | • | from Part 4, including any | | ave attached for | \$77,911.00 |
| Pa | art 5: Des | scribe Any Business | s-Related Property Yo | ou Own or Have an Interest I | n. List any real estate in Part | :1. | |
| | No. Go | | al or equitable interes | st in any business-related pro | pperty? | | |
| Pa | | | d Commercial Fishin terest in farmland, list i | g-Related Property You Own t in Part 1. | or Have an Interest In. | | |
| 46. | Do you | own or have any | legal or equitable | interest in any farm- or co | mmercial fishing-related | property? | |

Case 16-34779-pcm7 Doc 1 Filed 12/22/16

Schedule A/B: Property

No. Go to Part 7.

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Official Form 106A/B

| Debtor | Rempfer, Carole B | | Case number (if known) | |
|--------------|-------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|-------------|
| | Yes. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| Ex | you have other property of any kind you did not already list? kamples: Season tickets, country club membership | | | |
| ■ N | No Yes. Give specific information | | | |
| 54. A | dd the dollar value of all of your entries from Part 7. Write tha | t number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. P | art 1: Total real estate, line 2 | | | \$0.00 |
| 56. P | art 2: Total vehicles, line 5 | \$0.00 | | · . |
| 57. P | art 3: Total personal and household items, line 15 | \$550.00 | | |
| 58. P | art 4: Total financial assets, line 36 | \$77,911.00 | | |
| 59. P | art 5: Total business-related property, line 45 | \$0.00 | | |
| 60. P | art 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. P | art 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. T | otal personal property. Add lines 56 through 61 | \$78,461.00 | Copy personal property total | \$78,461.00 |
| 63. T | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$78.461.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this inform | mation to identify you | ır case: | | |
|--------------------------|-------------------------------|--------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1 | Carole B Remp | | | _ |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ |
| United States Ba | ankruptcy Court for the | DISTRICT OF OREGON | N, PORTLAND DIVISION | _ |
| Case number _ (if known) | | | | ☐ Check if this is an amended filing |
| Official Fo | orm 106C | | | |
| Schedul | e C: The P | roperty You C | laim as Exempt | 4/16 |
| property you listed | d on <i>Schedule A/B: Pro</i> | perty (Official Form 106A/B) a | | r supplying correct information. Using the im as exempt. If more space is needed, fill ages, write your name and case number (if |

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption

| to a | o a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. | | | | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Pa | It 1: Identify the Property You Claim as Exempt | | | | | | | | |
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | ortion you own | | Specific laws that allow exemption | |
|-------------------------------------------------------------------------------------|--------------------------------------|----------------|-----------------------------------------------------------------|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| Household Goods and Furnishing Line from Schedule A/B 6.1 | \$500.00 | | \$500.00 | 11 USC § 522(d)(3) | |
| | | | 100% of fair market value, up to any applicable statutory limit | | |
| Jewelry Line from Schedule A/B 12.1 | \$50.00 | | \$50.00 | 11 USC § 522(d)(4) | |
| Elle lielli donedale / V.Z. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Bank of America Line from Schedule A/B 17.1 | \$1,192.00 | | \$1,192.00 | 11 USC § 522(d)(5) | |
| Enterior Concedence / V.Z. TTT | | | 100% of fair market value, up to any applicable statutory limit | | |
| Bank of America Line from Schedule A/B 17.2 | \$126.00 | | \$126.00 | 11 USC § 522(d)(5) | |
| Enternetin Constant 70 Enterne | | | 100% of fair market value, up to any applicable statutory limit | | |
| OnPoint Line from Schedule A/B 17.3 | \$3,722.00 | | \$3,722.00 | 11 USC § 522(d)(5) | |
| Elle Holl Galledale A/E. 11.0 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|--|--|--|
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | |
| | Pers Oregon Public Empoyees Retimement System Line from Schedule A/B 21.1 | \$69,728.00 | ■ 100% of fair market value, up to any applicable statutory limit | 11 USC § 522(d)(10)(E) | | | |
| | T. Rowe Price | \$3,143.00 | | 11 USC § 522(d)(10)(E) | | | |
| | Line from Schedule A/B. 21.2 | | 100% of fair market value, up to any applicable statutory limit | | | | |
| 3. | 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No | | | | | | |
| | Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? □ No □ Yes | | | | | | |

| Fill in this infor | mation to identify your | case: | | |
|-----------------------------------------|-------------------------|--------------------|----------------------|------------------------------------|
| Debtor 1 | Carole B Rempfe | er | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | DISTRICT OF OREGON | N, PORTLAND DIVISION | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| Fill in this | information to identify your o | ase: | | | | |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
| Debtor 1 | Carole B Rempfe | r | | | | |
| | First Name | Middle Name | Last Name | | } | |
| Debtor 2 (Spouse if, filir | ng) First Name | Middle Name | Last Name | | | |
| (Spouse II, IIIII | ig) i list Name | Middle Name | Last Name | | | |
| United Sta | tes Bankruptcy Court for the: | DISTRICT OF OREGO | ON, PORTLAND DIVI | SION | | |
| Case numb | ner | | | | | |
| (if known) | | | | | | heck if this is an |
| | | | | | a | mended filing |
| Official | Form 400F/F | | | | | |
| | Form 106E/F | | | | | 40/45 |
| | Ile E/F: Creditors W ete and accurate as possible. Use | | | | | 12/15 |
| Schedule G: D: Creditors the Continua case numbe | ry contracts or unexpired leases Executory Contracts and Unexpi Who Have Claims Secured by Pr ation Page to this page. If you hav r (if known). List All of Your PRIORITY Uni | red Leases (Official Form operty. If more space is no re no information to repor | 106G). Do not include a seded, copy the Part yo | any creditors with pour need, fill it out, nu | artially secured claims t imber the entries in the | hat are listed in Schedule boxes on the left. Attach |
| 1. Do any | creditors have priority unsecured | d claims against you? | | | | |
| ■ No. | Go to Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: | List All of Your NONPRIORITY | / Unsecured Claims | | | | |
| 3. Do any | creditors have nonpriority unsec | ured claims against you? | | | | |
| □ No. | You have nothing to report in this pa | art. Submit this form to the o | ourt with your other sche | edules. | | |
| ■ Yes. | | | | | | |
| unsecur | of your nonpriority unsecured cla red claim, list the creditor separately e creditor holds a particular claim, li | for each claim. For each cl | aim listed, identify what t | ype of claim it is. Do r | not list claims already incl | uded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 B a | ank Of America | Last 4 dig | its of account number | 3312 | | \$11,706.00 |
| | npriority Creditor's Name | | | | | |
| D. | OB 851001 | When was | the debt incurred? | | | - |
| | allas, TX 75285-1001 | | | | | |
| | mber Street City State Zlp Code | As of the | date you file, the claim | is: Check all that app | ly | |
| Wh | no incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Conting | gent | | | |
| | Debtor 2 only | ☐ Unliqui | dated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Dispute | ed | | | |
| | At least one of the debtors and and | | ONPRIORITY unsecured | d claim: | | |
| | Check if this claim is for a comm | nunity | t loans | | | |
| del | | | ions arising out of a sepa | aration agreement or | divorce that you did not | |
| | the claim subject to offset? | | riority claims o pension or profit-sharin | a nlana ard stre | milar dahta | |
| | No Ves | | o pension or profit-snarin | · · | niiai dedis | |
| | Voc | Other | ~ " L'EAGIT CATC | 1 | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 5

| Debto | Rempfer, Carole B | Case number (f know) | |
|-------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------|------------|
| 4.2 | Best Buy Credit Services Nonpriority Creditor's Name | Last 4 digits of account number 5756 | \$533.00 |
| | Homphomy Ground o Humo | When was the debt incurred? | |
| | PO Box 78009 | | |
| | Phoenix, AZ 85062-8009 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | no of the date you me, the stant to shook an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit card | _ |
| 4.3 | Citi Cards | Last 4 digits of account number 2138 | \$4,288.00 |
| | Nonpriority Creditor's Name | | |
| | PO Box 78045 | When was the debt incurred? | _ |
| | Phoenix, AZ 85062-8045 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit card | _ |
| 4.4 | Gap Inc. / Synchrony | Last 4 digits of account number 3971 | \$2,245.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 965004 | | _ |
| | Orlando, FL 32896-5004 | | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card | |

| Debt | or 1 Rempfer, Carole B | Case number (f know) | |
|------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------|
| 4.5 | JP Morgan Chase Nonpriority Creditor's Name | Last 4 digits of account number 8260 | \$20,820.00 |
| | Nonpholity Greator's Name | When was the debt incurred? | |
| | PO Box 94014 | | |
| | Palatine, IL 60094-4014 Number Street City State Zlp Code | As of the date year file the claim in Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | П | |
| | _ | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Credit card | |
| | 1 1 1 6 3 | Tomer. Specify Oreals dura | |
| 4.6 | Macys American Express Account | Last 4 digits of account number 6728 | \$392.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 9001108 | when was the dept incurred? | |
| | Louisville, KY 40290-1108 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card | |
| 1.7 | Seterus | Last 4 digits of account number 6954 | \$246,517.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 1077 | When was the dest mounted. | |
| | Hartford, CT 06143-1077 | | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Mortgage on real property at 2214 NE 36th Other. Specify Avenue. Portland OR 97212 | |

| Debtor 1 | Rempfer, | Carole B | | Case n | number (if know) | | | |
|----------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------|-------------------------|--|--|
| | TJX Reward | | Last 4 digits of account number | 3397 | | \$9,465.00 | | |
| | Nonphonty Crec | inoi 3 Name | When was the debt incurred? | | | | | |
| | | 30353-0949 | | | | | | |
| | | City State ZIp Code he debt? Check one. | As of the date you file, the claim i | s: Check | all that apply | | | |
| | ■ Debtor 1 only | | П 0 | | | | | |
| | Debtor 2 only | , | ☐ Contingent ☐ Unliquidated | | | | | |
| | Debtor 1 and | | ☐ Disputed | | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | |
| | | s claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | | | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | | | report as priority claims | | | | | |
| | | | ☐ Debts to pension or profit-sharin | | and other similar debts | | | |
| | ☐ Yes | | Other. Specify Credit card | | | | | |
| 4.9 | U.S. Depart | ment of Education | Last 4 digits of account number | 3004 | | \$13,794.00 | | |
| | Nonpriority Cred | litor's Name | When was the debt incurred? | | | | | |
| | PO Box 105 | i193 | | | | | | |
| | | 30348-5193 | | . | | | | |
| Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | | | As of the date you file, the claim i | s: Check | all that apply | | | |
| | | | ☐ Contingent | | | | | |
| | | | ☐ Unliquidated | | | | | |
| | Debtor 1 and | - | ☐ Disputed | | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | |
| | | s claim is for a community | Student loans | | | | | |
| | debt | bject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agr | reement or divorce that you did not | | | |
| | ■ No | | Debts to pension or profit-sharin | g plans, a | and other similar debts | | | |
| | ☐ Yes | | Other. Specify | | | | | |
| | | | Student loa | ın | | | | |
| Part 3: | List Others | to Be Notified About a Debt Th | at You Already Listed | | | | | |
| is tryin have m | g to collect from ore than one c | m you for a debt you owe to somed | t your bankruptcy, for a debt that y ne else, list the original creditor in I listed in Parts 1 or 2, list the addit bmit this page. | Parts 1 o | or 2, then list the collection agency | here. Similarly, if you | | |
| Name an | d Address | On v | which entry in Part 1 or Part 2 did you | list the or | riginal creditor? | | | |
| | G Rempfer | Line | | | Creditors with Priority Unsecured Clair | | | |
| | E 36th Ave nd, OR 9721 | 2-5238 | | Part 2: 0 | Creditors with Nonpriority Unsecured | Claims | | |
| | , 011 01 21 | | 4 digits of account number | 69 | 954 | | | |
| Part 4: | Add the An | nounts for Each Type of Unsec | ured Claim | | | | | |
| | ne amounts of unsecured cla | | This information is for statistical re | porting p | purposes only. 28 U.S.C. §159. Add | the amounts for each | | |
| | | | | | Total Claim | | | |
| _ | 6a. | Domestic support obligations | | 6a. | \$0.00 | | | |
| Total cla | | Taxes and certain other debts you | u owe the government | 6b. | \$ 0.00 | | | |
| | 6c. | Claims for death or personal injur | <u>=</u> | 6c. | \$ 0.00 | - | | |
| | 6d. | Other. Add all other priority unsecur | red claims. Write that amount here. | 6d. | \$ 0.00 | - - | | |
| | 6e. | Total Priority. Add lines 6a through | 6d. | 6e. | \$0.00 | | | |
| | | | | | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Total Claim

Debtor 1 Rempfer, Carole B Case number (f know) Student loans 13,794.00 **Total claims** Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6g. from Part 2 0.00 6g. 6h. 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 295,966.00

6j.

309,760.00

Total Nonpriority. Add lines 6f through 6i.

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|----------------------|------------------------------------|
| Debtor 1 | Carole B Rempfe | er | | |
| | First Name | Middle Name | Last Name |) |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF OREGO | N, PORTLAND DIVISION | |
| Case number | | | | Charle if this is an |
| (ii kilowii) | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

1 Toyota Financial Services PO Box 4102 Carol Stream, IL 60197-4102 Lease on 2016 Toyota Prius

Official Form 106G

| | | case: | | | |
|------------------------|-----------------------------------------------------------------|--------------------------------|-----------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Debtor 1 | Carole B Rempfe | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | s Bankruptcy Court for the: | DISTRICT OF OREGO | N, PORTLAND DIVISIO | <u> </u> | |
| Case numbe | r | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Schedu Codebtors ar | | e also liable for any debt | | | 12/15 as possible. If two married people by the Additional Page, fill it out, |
| ase number | (if known). Answer every o | question. | | | tional Pages, write your name an |
| 1. ро уо | u have any codebtors? (If y | ou are filing a joint case, do | o not list eitner spouse as | a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | n the last 8 years, have you a, Idaho, Louisiana, Nevada, | | | | tates and territories include Arizona, |
| _ | o to line 3. Did your spouse, former spous | se, or legal equivalent live w | vith you at the time? | | |
| line 2 ag | ain as a codebtor only if th chedule E/F (Official Form | at person is a guarantor | or cosigner. Make sure | you have listed the cre | ith you. List the person shown in ditor on Schedule D (Official For E/F, or Schedule G to fill out |
| | olumn 1: Your codebtor me, Number, Street, City, State and Z | IP Code | | Column 2: The cred Check all schedules | itor to whom you owe the debt that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| Na | me | | | □ Schedule E/F, lin | e |
| | | | | ☐ Schedule G, line | |
| Nu Cit | mber Street y | State | ZIP Code | _ | |
| | | | | ☐ Schedule D, line | |
| 3.2 | | | | _ | |
| 3.2 Na | me | | | ☐ Schedule E/F, lin☐ Schedule G, line | e |
| Na | mber Street | State | ZIP Code | | e |

| Fill | in this information to id | dentify your cas | se: | | | | | | | |
|--------------|------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|--------------|
| | | Carole B Ren | | | | | | | | |
| 1 | otor 2 use, if filing) | | | | | _ | | | | |
| Uni | ted States Bankruptcy | Court for the: | DISTRICT OF OREG | ON, PORTLAND DIVIS | SION | _ | | | | |
| | se number own) | | | - | | | Check if this is: An amende A suppleme | ed filing ent showing p | | chapter 13 |
| Of | fficial Form 1 | 061 | | | | | MM / DD/ Y | of the followin | ig date: | |
| So | chedule I: Y | our Inco | me | | | | IVIIVI / DD/ I | | | 12/15 |
| supp spot | olying correct informuse. If you are separa the a separate sheet to | ation. If you a | ole. If two married peop re married and not filin spouse is not filing wit n the top of any additio | g jointly, and your spo h you, do not include | ouse is l informa | living wi ition abo | th you, included the second the s | de informationse. If more s | on about yo space is ne | our eded, |
| 1. | Fill in your employinformation. | ment | | Debtor 1 | | | Debtor 2 | or non-filin | g spouse | |
| | If you have more than one job, | | F | ■ Employed | | | ☐ Empl | ☐ Employed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | ☐ Not employed | | | | |
| | employers. Include part-time, se | easonal, or | Occupation | Molecular Diagno Technician | ostic | | | | | |
| | self-employed work. Occupation may incl homemaker, if it app | | Employer's name | Oregon Health & University | Scien | ce | _ | | | |
| | пошешакег, и и арр | nies. | Employer's address | 3181 SW Sam Ja Rd Portland, OR 972 | | | | | | |
| | | | How long employed th | | | • | _ | | | |
| Par | t 2: Give Detail | ls About Mont | 0 . , | <u>10 years</u> | | | <u> </u> | | | |
| Esti | | | e you file this form. If yo | ou have nothing to repor | rt for any | line, writ | te \$0 in the spa | ace. Include y | our non-filir | ng spouse |
| , | u or your non-filing spo e, attach a separate sh | | than one employer, comb | oine the information for a | all emplo | yers for t | hat person on | the lines belo | ow. If you ne | ed more |
| | | | | | | For | Debtor 1 | For Debto | | |
| 2. | | | , and commissions (because what the monthly was | | 2. | \$ | 6,491.61 | \$ | N/A | |
| 3. | Estimate and list m | onthly overtin | пе рау. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Inc | ome. Add line | 2 + line 3. | | 4. | \$ | 6,491.61 | \$ | N/A | |

| Deb | otor 1 | Rempter, Carole B | _ | Case | number (<i>if known</i>) | | | |
|-----|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|-----------------------------|-------------|---------------------|--------|
| | | | | For | Debtor 1 | For Debt | or 2 or g spouse | |
| | Copy | y line 4 here | 4. | \$ | 6,491.61 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,421.36 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 389.50 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 382.96 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 70.23 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$_ | 0.00 | + \$ | N/A | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 2,264.05 | \$ | N/A | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 4,227.56 | \$ | N/A | |
| 8. | List a 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$_ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$_ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | | N/A | |
| | 8g. | Pension or retirement income | — 8g. | <u> </u> | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$_ | 0.00 | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10 | Calc | ulate monthly income. Add line 7 + line 9. | 10. \$ | | 4,227.56 + \$ | N/ | A = \$ 4.2 | 227.56 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ΙΟ. Ψ | | 4,227.30 · ⁴ _ | 14/ | <u></u> | 227.30 |
| 11. | State Inclu- other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your defriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not available. | ependen | | | | 1. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | Combined | 227.56 |
| 13. | Do v | ou expect an increase or decrease within the year after you file this form? | ? | | | | monthly in | come |
| | | No. | | | | | | |
| | | Yes. Explain: | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| | | | | | | | • | | | | |
|--------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------|-------------|-------------------|-------------|-----------|---------------------------------|------------------------------------------------|----|
| Fill | n this informat | tion to identify yo | our case: | | | | 1 | | | | |
| Debt | tor 1 | Carole B Re | mpfer | | | | Ch | eck if th | nis is: | | |
| | | | | | | | | | mended filing | | |
| Debt (Spc | or 2 buse, if filing) | | | | | | | | pplement show nses as of the | ving postpetition chapter 1 following date: | 3 |
| (-1- | 3, | | | | | | | | | | |
| Unite | ed States Bankr | uptcy Court for the | : DISTRI | CT OF OREGON, PC | ORTLAN | D DIVISION | | MM / | DD / YYYY | | |
| Case | e numbe r | | | | | | | | | | |
| (If kr | nown) | | | | | | | | | | |
| | | | | | | | J | | | | |
| Of | ficial Fo | rm 106J | | | | | | | | | |
| Sc | hedule | J: Your | Exnen | 949 | | | | | | 12 | /1 |
| | | | | f two married people | le are fili | ng together, bot | h are equa | ally res | nonsible for s | | |
| info | rmation. If m | | eded, attac | | | | | | | ur name and case numb | Э |
| Part | 1: Descr | ibe Your House | hold | | | | | | | | |
| 1. | Is this a join | | | | | | | | | | _ |
| | ■ No. Go to | line 2. | | | | | | | | | |
| | ☐ Yes. Does | s Debtor 2 live i | n a separa | te household? | | | | | | | |
| | □ N | 0 | | | | | | | | | |
| | □ Ye | es. Debtor 2 mus | st file Officia | al Form 106J-2, Exper | nses for | Separate Housel | hold of Deb | tor 2. | | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | | |
| | Do not list De | • | | Fill out this information | n for | Dependent's relat | ionship to | | Dependent's | Does dependent | |
| | Debtor 2. | cotor rand | Yes. | each dependent | | Debtor 1 or Debto | | | ge | live with you? | |
| | Do not state | the | | | | | | | | □ No | |
| | dependents | | | | | Daughter | | 1 | 3 | Yes | |
| | | | | | _ | | | | | □ No | |
| | | | | | _ | | | | | Yes | |
| | | | | | | | | | | □ No | |
| | | | | | - | | | | | ☐ Yes ☐ No | |
| | | | | | | | | | | ☐ Yes | |
| 3. | | enses include | | No | - | | | | | 33 | |
| | | people other the people other the people of | | Yes | | | | | | | |
| | | a your depende | 1113: | | | | | | | | |
| Part | | ate Your Ongoi | | | 200 1/01/ | are using this fo | rm 00 0 01 | ınnlam | ont in a Chant | ter 13 case to report | |
| exp | | | | | | | | | | he form and fill in the | |
| Incl | ude expenses | s paid for with n | າon-cash ຕ | overnment assistan | ce if vol | ı know the | | | | | |
| valu | ue of such as | sistance and ha | | d it on Schedule I: Y | | | | | V | | |
| (Off | icial Form 10 | 6l.) | | | | | | _ | Your exp | enses | |
| 4. | The rental o | r home owners | hin expens | ses for your residend | ce. Inclu | de first mortgage | | | | | |
| | | d any rent for the | | | oo: mora | ao mot mortgago | 4. | \$ | | 1,050.00 | |
| | If not includ | ed in line 4: | | | | | | | | | |
| | 4a. Real e | state taxes | | | | | 4a. | \$ | | 0.00 | |
| | 4b. Proper | rty, homeowner's | , or renter's | insurance | | | 4b. | | | 12.00 | |
| | | • | | pkeep expenses | | | 4c. | · — | | 0.00 | |
| 5. | | owner's associat | | ominium dues ur residence, such a: | e homo | acuity loans | 4d. 5. | · — | | 0.00 0.00 | |
| ٥. | Additional II | ioi igage payille | and for yo | ai residence, such a | S HOITIE | equity iodilo | ٥. | Ψ | | 0.00 | |

| Debtor 1 | Rempfer, Carole B | Case num | nber (if known) | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|----------------------------|
| i. Utili | ities: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 40.00 |
| 6b. | Water, sewer, garbage collection | 6b. | | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · · | 340.00 |
| 6d. | Other. Specify: | 6d. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | d and housekeeping supplies | — 7. | · · | 800.00 |
| | d and nousekeeping supplies | | · | |
| | | 8. | | 180.00 |
| | thing, laundry, and dry cleaning | 9. | · | 100.00 |
| | sonal care products and services | 10. | | 100.00 |
| | lical and dental expenses | 11. | \$ | 150.00 |
| | nsportation. Include gas, maintenance, bus or train fare. | 12 | ¢ | 50.00 |
| | not include car payments. | 12. | | |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 300.00 |
| | ritable contributions and religious donations | 14. | \$ | 0.00 |
| 5. Ins ı | | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | 45- | c | 2.22 |
| | Life insurance | 15a. | · | 0.00 |
| | . Health insurance | 15b. | · | 0.00 |
| 15c | Vehicle insurance | 15c. | · | 100.00 |
| 15d | . Other insurance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spe | cify: | 16. | \$ | 0.00 |
| | allment or lease payments: | | | |
| 17a | Car payments for Vehicle 1 | 17a. | \$ | 200.00 |
| 17b | . Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c | Other. Specify: | 17c. | \$ | 0.00 |
| 17d | . Other. Specify: | 17d. | \$ | 0.00 |
| 8. Yo ı | r payments of alimony, maintenance, and support that you did not report as | | | |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 744.00 |
| 9. Oth | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | cify: | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sche | dule I: You | ır Income. | |
| 20a | Mortgages on other property | 20a. | \$ | 0.00 |
| 20b | . Real estate taxes | 20b. | \$ | 0.00 |
| 20c | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d | . Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. | | 0.00 |
| | er: Specify: | | +\$ | 0.00 |
| • | | | | 0.00 |
| Cale | culate your monthly expenses | | | |
| 22a | . Add lines 4 through 21. | | \$ | 4,166.00 |
| 22b | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,166.00 |
| | Trad into 222 dita 225. The result to your menting expenses. | | | 4,100.00 |
| | culate your monthly net income. | | | |
| 23a | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,227.56 |
| 23b | . Copy your monthly expenses from line 22c above. | 23b. | -\$ | 4,166.00 |
| | | | | |
| 23c | Subtract your monthly expenses from your monthly income. | | | 24.52 |
| | The result is your monthly net income. | 23c. | \$ | 61.56 |
| For | you expect an increase or decrease in your expenses within the year after yo example, do you expect to finish paying for your car loan within the year or do you expect you ification to the terms of your mortgage? | | | e or decrease because of a |
| | | | | |
| | /es. Explain here: | | | |

| ill in this infor | | | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ebtor 1 | Carole B Rempfe | | | (|
| | First Name | Middle Name | Last Name | |
| ebtor 2 pouse if, filing) | First Name | Middle Name | Last Name | _ |
| nited States Ba | ankruptcy Court for the: | DISTRICT OF OREGO | N, PORTLAND DIVISION | |
| ase number | | | | |
| known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| | <u>m 106Dec</u> | | | |
| eclarat | tion About a | an Individua | l Debtor's Schedul | es 12/ |
| taining money | s form whenever you fil | le bankruptcy schedules n connection with a bank | usible for supplying correct information or amended schedules. Making a false ruptcy case can result in fines up to \$2 | e statement, concealing property, or |
| taining money ars, or both. 1 | s form whenever you fil | le bankruptcy schedules n connection with a bank | or amended schedules. Making a false | e statement, concealing property, or |
| taining money ars, or both. 1 | is form whenever you file or property by fraud in 8 U.S.C. §§ 152, 1341, 15 | le bankruptcy schedules n connection with a bank 519, and 3571. | or amended schedules. Making a false | e statement, concealing property, or 250,000, or imprisonment for up to 20 |
| taining money ars, or both. 1 | is form whenever you file or property by fraud in 8 U.S.C. §§ 152, 1341, 15 | le bankruptcy schedules n connection with a bank 519, and 3571. | or amended schedules. Making a false ruptcy case can result in fines up to \$2 | e statement, concealing property, or 250,000, or imprisonment for up to 20 |
| signormal signars, or both. 1 Signormal signars, or both. 1 Signormal signars, or both. 1 | is form whenever you file or property by fraud in 8 U.S.C. §§ 152, 1341, 15 | le bankruptcy schedules n connection with a bank 519, and 3571. | or amended schedules. Making a false ruptcy case can result in fines up to \$2 ney to help you fill out bankruptcy for Atta | e statement, concealing property, or 250,000, or imprisonment for up to 20 ms? |
| sigual display taining money ars, or both. 1 Sigual Did you pa | is form whenever you file or property by fraud in 8 U.S.C. §§ 152, 1341, 15 in Below | le bankruptcy schedules n connection with a bank 519, and 3571. | or amended schedules. Making a false ruptcy case can result in fines up to \$2 ney to help you fill out bankruptcy for Atta | e statement, concealing property, or 250,000, or imprisonment for up to 20 ms? |
| Did you pa | is form whenever you fill y or property by fraud in 8 U.S.C. §§ 152, 1341, 19 in Below Below Name of person | le bankruptcy schedules n connection with a bank 519, and 3571. | or amended schedules. Making a false ruptcy case can result in fines up to \$2 ney to help you fill out bankruptcy for Atta | e statement, concealing property, or 250,000, or imprisonment for up to 20 ms? ms? ach Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119 |
| Did you pa No Yes. N Under pena that they are | is form whenever you filly or property by fraud in 8 U.S.C. §§ 152, 1341, 15 in Below Name of person Output Description of the person in the | le bankruptcy schedules n connection with a bank 519, and 3571. | or amended schedules. Making a false ruptcy case can result in fines up to \$2 ney to help you fill out bankruptcy for Atta | e statement, concealing property, or 250,000, or imprisonment for up to 20 ms? ms? ach Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119 |
| Did you pa No Yes. N Under pena that they are X /s/ Carole | is form whenever you filly or property by fraud in 8 U.S.C. §§ 152, 1341, 18 in Below Below Name of person | le bankruptcy schedules n connection with a bank 519, and 3571. | or amended schedules. Making a false ruptcy case can result in fines up to \$2 and the schedules are supported by the schedules filed with this decompany and schedules filed with the schedules | e statement, concealing property, or 250,000, or imprisonment for up to 20 ms? ms? ach Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119) |

| | Lin this inform | -4: 4- : .l4:6 | | | | |
|------|---------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| | | ation to identify you | | | | |
| De | btor 1 | Carole B Rempt | Middle Name | Last Name | | |
| 1 | btor 2 | First Name | Middle Name | Last Name | | |
| ' | ouse if, filing) | | | | | |
| Un | ited States Ban | kruptcy Court for the: | DISTRICT OF OREGON, | PORTLAND DIVISION | | |
| | se number | | | | | Check if this is an amended filing |
| | fficial For | | Affairs for Individ | luals Filing for | Bankruptcy | 4/10 |
| info | rmation. If mo | | ole. If two married people are attach a separate sheet to th | | | |
| Pa | rt 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | s? | | | |
| | ☐ Married | | | | | |
| | ■ Not marr | ried | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than w | here you live now? | | |
| | □ No | | | | | |
| | Yes. List | all of the places you liv | ved in the last 3 years. Do not in | nclude where you live now. | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 I there | ived Debtor 2 Prior | Address: | Dates Debtor 2 lived there |
| | 3246 NE 57 Portland, 0 | 7th Ave DR 97213-3381 | From-To: 2013-6/2016 | ☐ Same as Debte | or 1 | ☐ Same as Debtor 1 From-To: |
| Pa | No Yes. Mak | es include Árizona, Cal ke sure you fill out Sch | | ada, New Mexico, Puerto I | Rico, Texas, Washington and | Wisconsin.) |
| 4. | Fill in the total | I amount of income yo | nployment or from operating u received from all jobs and all have income that you receive to | ll businesses, including pa | rt-time activities. | endar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$70,583.22 | 2 ☐ Wages, commissions bonuses, tips | , |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| De | btor 1 Re | empfer, Carole | В | | | Ca | use number (if known) | | |
|-----------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| | | | | | | | | | |
| | | | Debtor 1 | | | | Debtor 2 | | |
| | | | | of income Il that apply. | | income deductions and ons) | Sources of inc | | Gross income (before deductions and exclusions) |
| | r last calen anuary 1 to | dar year: December 31, 20 | ■ Wage bonuses, | es, commissions, , tips | | \$74,233.00 | ☐ Wages, cor bonuses, tips | nmissions, | |
| | | | ☐ Opera | ating a business | | | Operating a | business | |
| 5. | Include inc other publi you are fili | come regardless of the benefit payment to a joint case and | f whether that incors; pensions; rental | | ples of other vidends; magether, list | er income are aliance oney collected fro it only once under | mony; child support m lawsuits; royalties r Debtor 1. | s; and gambli | urity, unemployment, and ng and lottery winnings. If |
| | ■ No | | | | | | | | |
| | ■ No □ Yes. | Fill in the details. | | | | | | | |
| | | | | | | | | | |
| | | | Debtor 1 Sources Describe | of income | each so | deductions and | Debtor 2 Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| D۵ | rt 3: List | Cortain Paymen | ts Vou Made Bef | ore You Filed for B | Sankrunte | , | | | |
| | Yes. | During the 90 da No. Go Yes List crec pay * Subject to adju Debtor 1 or Det During the 90 da No. Go Yes List pay | ys before you filed to line 7. below each creditoditor. Do not includ ments to an attorneustment on 4/01/19 otor 2 or both have ys before you filed to line 7. below each creditoments for domestic bankruptcy case. | le payments for domey for this bankrupton and every 3 years are primarily consur for bankruptcy, did year to whom you paid a support obligations | you pay any a total of \$ nestic supp y case. after that fo mer debts. you pay any a total of \$ s, such as o | 6,425* or more in poort obligations, so reases filed on construction. y creditor a total of the construction of the construct | one or more payme such as child support or after the date of a of \$600 or more? the total amount you alimony. Also, do no | ort and alimonalignment. I paid that crubt include pay | editor. Do not include yments to an attorney for |
| | Creditor | 's Name and Add | ress | Dates of payme | nt | paid | Amount you still owe | was this | payment for |
| | TJM Mastercard PO Box 530949 Atlanta, GA 30353-0949 | | 10/1/2016-12/1/201 \$924.00 6 | | \$924.00 | \$9,456.27 | | Card Repayment ers or vendors | |
| | PO Box | f America : 851001 TX 75285-1001 | | 10/1/16-12/1/1 | 6 | \$654.00 | \$11,706.41 | ☐ Mortga☐ Car☐ Credit☐ Loan F | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

☐ Suppliers or vendors

☐ Other__

| Deb | otor 1 Rempfer, Carole B | | Case number (if known) | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|----------------------|-------------------------------------------------------------|------------------------------------------------|--|
| | | | | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for | |
| | US Department Of Education PO Box 105193 Atlanta, GA 30348-5193 | 10/1/16-12/1/16 | \$677.64 | \$13,794.15 | ☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other | rd payment | |
| | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | |
| 8. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosig ■ No □ Yes. List all payments to an insider | | nents or transfer an | y property on acc | count of a deb | t that benefited an | |
| | Insider's Name and Address | Dates of payment | Total amount | Amount you still owe | Reason for Include cred | this payment | |
| Par | t 4: Identify Legal Actions Renossession | as and Foreclosures | paid | Still Owe | include cred | noi s name | |
| Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or curand contract disputes. No Yes. Fill in the details. | | | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of the | e case | |
| 10. | Case number Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address | Describe the Property | | reclosed, garnish | ed, attached, s | seized, or levied? Value of the property | |
| | | Explain what happened | | | | | |
| 11. | 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date a taken | action was | Amount | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at No Yes | | rty in the possessio | n of an assignee | for the benefit | of creditors, a | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Rempfer, Carole B | | Case number (if known) | | | | |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|--|--|
| | | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankruptcy. ■ No □ Yes. Fill in the details for each gift. | , did you give any gifts with a total value of more th | an \$600 per person? | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value | | |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value | | |
| Par | tt 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | how the loss occurred Inclu | cribe any insurance coverage for the loss and the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | |
| Par | t 7: List Certain Payments or Transfers | | | | | |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? nclude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | |
| | □ No■ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | |
| | Christopher J. Kane, PC 2207 NE Broadway St Ste 100 Portland, OR 97232-1693 | Attorney fees | 12/12/16 | \$1,165.00 | | |
| 17. | promised to help you deal with your creditors Do not include any payment or transfer that you list | | transfer any propert | y to anyone who | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | |
| | | | | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include

Official Form 107

| Del | otor 1 | Rempfer, Carole B | | | | Case nu | ımber (if known) | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------|-----------------|-----------------------|------------------------------------------------------|-----------------------------------------|
| | | | | | | | | |
| | | and transfers that you have already listed No Yes. Fill in the details. | on this | s statement. | | | | |
| | Pers | son Who Received Transfer ress | | Description and property transfe | | pay | cribe any property or ments received or debts | Date transfer was made |
| | Pers | son's relationship to you | | | | paid | l in exchange | |
| 19. | bene | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | |
| | Nam | ne of trust | Description and value of the prop | | | perty tran | nsferred | Date Transfer was |
| | | List of Cartain Financial Assessments In | 4 | anta Cafa Danasit | Davisa and Cta | | _ | made |
| Par | t 8: | List of Certain Financial Accounts, Ir | nstrum | ients, Safe Deposit | Boxes, and Sto | orage Unit | 'S | |
| 20. | sold, Inclu- hous | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | ne of Financial Institution and Iress (Number, Street, City, State and ZIP) | | st 4 digits of count number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | |
| | | ne of Financial Institution ress (Number, Street, City, State and ZIP Code) | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | Describ | e the contents | Do you still have it? |
| 22. | Have | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | |
| | | ne of Storage Facility Iress (Number, Street, City, State and ZIP Code) | | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Describ | e the contents | Do you still have it? |
| Par | t 9: | Identify Property You Hold or Contro | ol for S | Someone Else | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | |
| | | ner's Name ress (Number, Street, City, State and ZIP Code) | | Where is the property? (Number, Street, City, State and ZIP Code) | | Describe the property | | Value |
| Par | t 10: | Give Details About Environmental In | forma | tion | | | | |
| For | the pu | urpose of Part 10, the following definit | ions a | pply: | | | | |
| • | Envir | ronmental law means any federal, stat | e. or le | ocal statute or regi | ulation concern | ina polluti | ion, contamination, release | es of hazardous or |

controlling the cleanup of these substances, wastes, or material.

2

Statement of Financial Affairs for Individuals Filing for Bankruptcy

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to

| Del | otor 1 | Rempfer, Carole B | | Case number (if known) | | | | | |
|-----|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|--------------------|--|--|--|--|
| | | | | | | | | | |
| | own, | operate, or utilize it, including disposa | al sites. | | | | | | |
| | | ardous material <mark>means anything an env</mark> erial, pollutant, contaminant, or similar | rironmental law defines as a hazardous wa term. | aste, hazardous substance, toxic sul | bstance, hazardous | | | | |
| ₹ер | ort al | notices, releases, and proceedings the | at you know about, regardless of when th | ey occurred. | | | | | |
| 24. | Has | any governmental unit notified you tha | t you may be liable or potentially liable ur | nder or in violation of an environmer | ntal law? | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | ne of site Iress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | ne of site Iress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | |
| | | No | | | | | | | |
| | | ☐ Yes. Fill in the details. | | | | | | | |
| | | e Title e Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | | |
| | | | | of the following connections to any l | husiness? | | | | |
| | | Vithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | | |
| | Business Name | | Describe the nature of the business | Employer Identification number | | | | | |
| | | IreSS aber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security | number or ITIN. | | | | |
| 28. | | in 2 years before you filed for bankrupt tutions, creditors, or other parties. | tcy, did you give a financial statement to a | anyone about your business? Includ | le all financial | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | |
| | | ne Iress ber, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| Par | t 12: | Sign Below | | | | | | | |

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Rempfer, Carole B | Case number (if known) | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|
| bankruptcy case can result in fines up to \$250 18 U.S.C. §§ 152, 1341, 1519, and 3571. | 000, or imprisonment for up to 20 years, or both. | |
| /s/ Carole B Rempfer | | |
| Carole B Rempfer Signature of Debtor 1 | Signature of Debtor 2 | |
| Date December 22, 2016 | Date | |
| Did you attach additional pages to Your States ■ No □ Yes | nent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | |
| Did you pay or agree to pay someone who is r ■ No | ot an attorney to help you fill out bankruptcy forms? | |
| ☐ Yes. Name of Person . Attach the Bank | ruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | |